

December 9, 2014

Continuity of Care is paramount to ensuring individuals with serious mental illnesses have every opportunity to live lives of value and meaning in the community of their choice. Continuity of care includes a service continuum of hospitals, short-term acute inpatient and intermediate care facilities, crisis services, outpatient and community-based services, peer support services, and independent living options. Interruptions in an individual's treatment can have devastating and long-lasting effects on both physical and mental well-being and can reduce long-term recovery.

In 2013, Governor O'Malley directed the Department of Health and Mental Hygiene (DHMH), to convene an Advisory Panel to "examine barriers to continuity of care and make recommendations to strengthen the behavioral health system and improve health outcomes." DHMH Secretary Sharfstein appointed state and national experts to the Advisory Panel. The panel encouraged extensive stakeholder input from a diverse range of professionals and community advocates.

On January 21, 2014 the Advisory Panel released 25 recommendations to address areas where continuity of care was found to be deficient. One of the findings concluded that "there is evidence of the effectiveness of a well-designed outpatient civil commitment program" and the panel "recommends moving forward to define such a program in Maryland." Maryland is one of five states that do not have an outpatient civil commitment program.

Outpatient Civil Commitment (OCC) provides a viable option for a small subset of individuals with serious mental illness who have not benefited from voluntary services because they lack an understanding of the impact of their symptoms and the need for continued treatment to reduce that impact. These individuals, often cycle in and out of hospitals, jails and homelessness; OCC provides a less restrictive treatment alternative to institutionalization or incarceration, and it supports an individual's overall physical and mental health, safety and dignity in the community.

In 2014, legislation (SB822/HB1267) passed the Maryland General Assembly that required DHMH to convene an Outpatient Services Programs Stakeholder Workgroup to examine outpatient services, including OCC, and to develop a program proposal. DHMH was also tasked to recommend draft legislation as necessary to implement the program included in the proposal.

We strongly supported the process that DHMH developed for the Outpatient Services Programs Workgroup; it was open and transparent with opportunities for extensive stakeholder input. At multiple workgroup meetings, DHMH presented information about OCC programs in other states and facilitated respectful dialogue among stakeholders about the development of an OCC program in Maryland. Meetings focused on criteria for an OCC program including eligibility, demographics, fiscal impact, the services provided and data collection to enable program monitoring, evaluation and effectiveness.

The same process was undertaken regarding the proposal for voluntary services. Information was presented on programs Maryland currently offers for individuals with mental illness. This helped pinpoint the areas that are in need of expansion and increased funding, such as housing, assertive community treatment (ACT), peer support and crisis services, in order to prevent disruption in continuity of care.

We support the administration's efforts to establish an outpatient civil commitment program in Maryland. Our support of the proposal is contingent on a continued collaborative approach with the State. Without this alternative, a small subset of people with severe mental illness will continue to cycle in out of hospitals, jails, prison or homelessness or die by suicide. The OCC proposal will benefit the individual, family and the community.

To be clear, OCC is not a solution for all that impedes continuity of care in Maryland. The population currently facing gaps and disruptions in services is far larger than that which would qualify for OCC under DHMH's proposal, and - as evidenced by the 24 other recommendations of the 2013 Advisory Panel - more still needs to be done to improve the system for all. But there can be little doubt that, through no fault of their own, the subset who would qualify for OCC consumes a grossly disproportionate share of the resources currently available. Addressing the needs of those who struggle with accepting effective treatment will benefit not only these individuals and the families who love them; it will also free up community-based resources that can serve others with severe mental illness.

Our belief in the promise of OCC to improve treatment outcomes and reduce costs is supported by an overwhelming body of research. Studies performed in Arizona, Ohio, North Carolina and New York affirm that if properly implemented, OCC significantly reduces risks of hospitalization, incarceration, homelessness, self-harm and violence for its target population. A 2013 cost analysis of OCC by faculty of the Duke University School of Medicine reported that treatment costs for participants in New York City declined by 43% in the first year of OCC and another 13% in the second year.

Further, we applaud the state's commitment to enhance access to outpatient voluntary services. It is essential and preferable that people with mental illness have a continuum of services necessary to keep them stable and living well in their own community. Every Marylander deserves the opportunity to be productive and healthy. To have that opportunity, access to high quality and effective mental health care must be available.

These proposals are well-researched and thought out. We want to thank Secretary Sharfstein and Deputy Secretary Jordan-Randolph for supporting the recommendations provided to DHMH by the Continuity of Care Advisory Panel. We look forward to working with the Department in developing the legislative proposals and ensuring that these programs are adequately funded. It is our hope that in 2015 these proposals will become bills, find favorable support from members of the General Assembly and ultimately signed into law by the incoming Governor.

Signatories:

Armel Inc.
Bethesda Cares, Inc.
Grassroots Crisis Intervention Center, Inc.
Help in the Home, LLC
Johns Hopkins Medicine Department of Psychiatry
National Alliance on Mental Illness Maryland (NAMI Maryland) and 13 NAMI affiliates
Sheppard Pratt Health System
Alliance, Inc.
Family Services, Inc.
Mosaic Community Services
Way Station, Inc.